



PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1994

Application or Docket Number

08/460715

CLAIMS AS FILED - PART I								l		OTHER THAN		
501			(Column 1)			olumn 2)	7 —		ENTITY	OR		L ENTITY
FOR	·	NUMD	BER FILED	IV	NUMBER	EXTRA		RATE	FEE		RATE	FEE
BAS	SIC FEE] [.	365.00	OR	,	730.00
	TAL CLAIMS			us 20 = *		·] [x:	\$11=	!	OR	x\$22=	
	EPENDENT CLA	5		nus 3 = *			X	x38=		OR	x76=	
		DENT CLAIM PRE				!] -	120=		OR	+240=	
* If th	he difference in co	column 1 is less than	zero, enter "0"	in column 2	2		<u> </u>	TOTAL		OR	TOTAL	730
		CLAIMS AS	AMENDE	D - PART	T II			•	<u> </u>) On		
		(Column 1)			umn 2)	(Column 3)	ş	SMALL	. ENTITY	OR		R THAN L ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	•	Minus	**	<u></u>	=,	x\$	\$11=		OR	x\$22=	
AME	Independent	<u> </u>	Minus	***	<u> </u>	=	x.	38=		OR	x76=	
	FIRST PRES	SENTATION OF	MULTIPLE	DEPEND	DENT CL	AIM	+1	120=		OR	+240=	
		(Column 1)		(Colu	~ \	(O-1: 2)		TOTAL IT. FEE		OR A	TOTAL ADDIT. FEE	
		(Column 1)	Г	T	umn 2) HEST	(Column 3)				4 /		
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGH NUME PREVICE PAID I	IBER IOUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
P P	Total	•	Minus	**		=	x\$	§11=		OR	x\$22=	
ME	Independent	•	Minus	***		=	хЭ	38=		OR	x76=	ı
١	FIRST PRES	SENTATION OF	MULTIPLE	DEPEND	DENT CL/	AIM	+1	20=		OR	+240=	
H	I	(Column 1)		(Colum	····· 2)	(Column 3)	TO ADDIT	TOTAL T. FEE		OR AI	TOTAL ADDIT. FEE	
Ť		CLAIMS		HIGH		(Column 5,				Г		
ENTC		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	1BER OUSLY	PRESENT EXTRA	RA	ATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	-27	Minus	**		=	x\$	511=		OR	x\$22=	/:
ME,	Independent	•	Minus	***		=	хЗ	38=		OR	x76=	
\perp		SENTATION OF					+12	20=		OR	+240=	
*** If th	the "Highest Numb the Highest Numb	nn 1 is less than the ber Previously Paid ber Previously Paid er Previously Paid F	id For" IN THIS d For" IN THIS :	S SPACE is I S SPACE is le	s less than 2 Tess than 3.	20 enter "20 "	ADDIT.		iate box in co		TOTAL DDIT. FEE	





PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

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Application or Docket Number	
<i>→ → → → → → → → → →</i>	
(6)	
18/460 712	
11/1/4/6/1/7/1/	
1/01/201/100)

			iive Octor	761 1, 20	,,,,	<u>. </u>		<u> </u>	"		1/	<u> </u>
		CLAIMS AS	S FILED - (Column			mn 2)	SMAI TYPE		NTITY	OR	OTHER SMALL	
TOTAL CLAIMS						RA	ΤE	FEE	1	RATE	FEE	
FOR			NUMBER	FILED	NUMB	BASI	FEE	370.00	OR	BASIC FEE	740.00	
то	TAL CHARGEA	BLE CLAIMS	mii	nus 20=	*	X\$	9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	m	inus 3 =	*	X4	2=		OR	X84=		
MU	LTIPLE DEPEN	PENDENT CLAIM PRESENT										
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					AL		OR	TOTAL	
	С	LAIMS AS A	MENDED - PART II							•	OTHER	THAN
		(Column 1)		(Colur		(Column 3)	SMA	\LL	ENTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 4/	Minus	** 4	16	=	X\$	9=	/	OR	X\$18=	18
AME	Independent	* NTATION OF MI	Minus	***	CL AINA		.X4	2=		OR	X84=	
L	<u> </u>			PENDENI	CLAIM		+14	0=.		OR	+280=	
	W-	overpa	0				T(ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE	18,07
		(Column 1)		(Colur		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA ⁻	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
AME	Independent	*	Minus	***			X42	?=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JETIPLE DE	PENDENT	CLAIM		+14)=		OR	+280=	
							TO ADDIT.	TAL		OR	TOTAL ADDIT. FEE	
		(Column_1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$:)=		OR	X\$18=	
AME	Ind pendent	*	Minus	***	F OL 4***		X42	!=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDEN						+14)=		OR	+280=	
		mn 1 is less than the					TC	TAL		OR	TOTAL	

^{***}If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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_												
		CLAIMS A	S FILED - PART I				S	SMALL ENTITY			OTHER	THAN
			(Column	1)	(Column 2)			TYPE		OR	SMALL	
TO	OTAL CLAIMS						Γ	RATE	FEE]	RATE	FEE
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TC	TAL CHARGEA	ABLE CLAIMS	mir	nus 20=	*			X\$ 9≈		OR	X\$18=	
INE	DEPENDENT CL	_AIMS	mi	inus 3 =	*			X42=		OR	X84=	
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=			. 000	
* If	the difference	in column 1 is	s less than zero, enter "0" in column 2				L		<u> </u>	OR	+280=	
	C	I AIMS AS A	MENDED - PART II					TOTAL		OR	TOTAL	THAN
		(Column 1)	WILITOLD	(Colur		(Column 3)		SMALL ENTITY			OTHER SMALL I	
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT A	Total	* 38	Minus	**A	7	= //		X\$ 9=	FEE	OR	X\$18=	198
AME	Independent	* /	Minus	***	2	=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF MI			CLAIM			+140=		OR	+280=	
			UA OK					TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	198
		(Column 1)		(Colur	nn 2)_	(Column 3)	^	5511.1 22			ADDII. 1 EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
QN	Total	*	Minus	**		=	ı	X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	CLAIM	=		X42=		OR	X84=	
	7 1101 7 11202	NI NI NI NI NI		LINDLINI	OLAIIVI			+140=		OR	+280=	
	· ·						Αſ	TOTAL DDIT. FEE	_	OR ,	TOTAL ADDIT. FEE	
`)	(Column 1)		(Colun		(Column 3)						
ENT &		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	5	Minus	3	8	- 8		X\$ 9=	#4	OR	X\$18=	140
AM	Independent FIRST PRESE	NTATION OF MI	Minus	***	CLAIM		Γ	X42=		OR	X84=	252
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	Transpire .
**	If the entry in column 1 is less than the entry in column 2. Write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT. FEE	37 %
		iber Previously Pai					form	d in the ann	ronriate hov	in coli	ımn 1	